



# Parent Pre-Camp Survey

Student's Name: \_\_\_\_\_

1. Has your child previously attended the program: ☐ In the 5<sup>th</sup> Grade ☐ Never
2. Has your child ever been away from home? ☐ Yes ☐ No ☐ Yes, but not for this long
3. Is this a major concern? ☐ Yes ☐ No
4. How nervous are you about allowing your child to participate in this program? ☐ Very ☐ A Little ☐ Not at All
5. How concerned are you about the following?

	Not At All	Some What	Very	Extremely
Safety Issues	1	2	3	4
Homesickness	1	2	3	4
Medical Concerns	1	2	3	4
Sleep Issues	1	2	3	4
Missing school	1	2	3	4
Worried about interaction with students from rural areas	1	2	3	4
Worried about interaction with students from urban areas	1	2	3	4
Worried about the two schools not getting along	1	2	3	4

*Feel free to elaborate on any of these areas on the back of this page*

## Food Restrictions

**Food Allergies?** ☐ Yes ☐ No

Please check and describe symptoms to your child's food allergy (yes) and if your child has an EpiPen for the described allergy.

Food Item	Mild Reaction	Severe Reaction	Does your child use an EpiPen? (Please provide the expiration date of EpiPen)
Soy			
Milk			
Eggs			
Fish			
Wheat			
Gluten			
Peanuts			
*Tree nuts			
Shellfish			
Fruit: _____			
Other: _____			

\*Walnuts, Almonds, Hazelnuts, Coconuts, Pistachios, and Brazil nuts

\_\_\_\_\_ My child does NOT use an EpiPen

**Dietary Restrictions, Non-Allergy Related?**

☐ Yes ☐ No

Please list all restrictions: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

If you have any food or allergy concerns, please contact our staff at camp:

[www.discoveringdiversity.com](http://www.discoveringdiversity.com)

Phone: 860-974-0024

Fax: 860-284-9637

# Medical Conditions & Restrictions

Student's Name: \_\_\_\_\_

## Asthma

☐ Mild

☐ Moderate

☐ Severe

☐ My child does not have asthma

Has your child been prescribed an inhaler? ☐ No

☐ Yes

Date of expiration: \_\_\_\_\_

Is your child currently receiving nebulizer treatment?

☐ No

☐ Yes

Triggers: \_\_\_\_\_

Date of last attack: \_\_\_\_\_

## Other Allergies

Please identify allergy triggers besides food

☐ My child has no allergies

		Please check applicable			Reaction	EpiPen	
	Specify	Mild	Moderate	Severe		Yes	No
Allergies to Medication							
Other non-food Allergies							

## Medical Conditions

Please note if your child suffers from any of the following conditions:

☐ Seizures

☐ Heart Problems

☐ Sight

☐ Speech

☐ Hearing

☐ Sleep

☐ Behavior Issues

☐ Coordination

☐ Night Terrors

☐ Bedwetting

☐ Chronic Headaches or Other Pains

Please explain any checked symptoms: \_\_\_\_\_

Is your child under the care of a physician, psychiatrist or psychologist for reasons not noted above? ☐ Yes ☐ No

Please Explain: \_\_\_\_\_

How will this condition affect participation in the program? \_\_\_\_\_

## Physical Restrictions

Does your child have any physical restrictions that will require us to provide special accommodations? ☐ Yes ☐ No

Specify: \_\_\_\_\_

## Other Restrictions not listed

Is there any other information that you would like to share which will enable us to better serve your child?

## Parent Agreement

I approve this application and certify that my child may participate fully in this program unless specified above. I recognize that every attempt will be made to reach me, however in the event of an emergency when I cannot be reached, I give permission for my child to receive any first aid or emergency treatment deemed appropriate by medical staff including hospitalization. My child may be transported in a vehicle driven by school or camp personnel to receive necessary care unless their condition warrants ambulance transport. This form may be transmitted electronically to hospital personnel if needed.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

# Prescription and Over the Counter Medications

Student's Name: \_\_\_\_\_

## Prescription Medications

Medication Name	Dose	Time to be Administered	Reason for this Medicine

\*This includes over the counter medications that your child takes **regularly**.

\*\*PLEASE NOTE: A Doctor's authorization is needed for all **above medications, over the counter or prescribed**.

## Over the Counter Medications

Any over-the-counter medication **NOT** listed below cannot be given to the students without a doctor's order, please note these are **As Needed Medications**. If any of these medications are given regularly (ie; Benadryl every night for the duration of their stay) we require a doctor's order. The Discovery Center is only authorized by a physician to administer the medications below without a doctor's order. All **other** over-the-counter medications must come with a doctor's order. Sorry for the inconvenience, we must follow Connecticut State regulations 10-212(a).

Below is a list of all the over-the-counter medications we have standing orders for and have available at camp. Please check all the medications you wish to allow your child to take during their time at camp if needed.

- |  |  |
|--|--|
| <input type="checkbox"/> Tylenol         | <input type="checkbox"/> Imodium AD (anti-diarrheal)               |
| <input type="checkbox"/> Motrin          | <input type="checkbox"/> Pepto-Bismol                              |
| <input type="checkbox"/> Tums            | <input type="checkbox"/> Chloraseptic Spray (for sore throat pain) |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Bug Spray (non prescription)              |
| <input type="checkbox"/> Benadryl        | <input type="checkbox"/> Sun Screen (non prescription)             |
| <input type="checkbox"/> Sudafed         |  |

Some of the above dosage is contingent upon your youth's weight. Current weight: \_\_\_\_\_

Please know The Discovery Center sometimes stocks generic brands of the medications listed above, if a parent has a specific brand preference you may provide it without the need for a doctor's order and our nurse, certified medication administration staff or certified school teacher will administer the medications provided. Remember to send all of these items in their original containers and through a member of the school staff and not in your child's luggage to camp. These items, although some not usually considered medications, must be treated as such due to possible severe allergies of other students staying in the same cabin.

☐ I do not wish for my child to be given any over-the-counter medications while at camp

I \_\_\_\_\_ give my permission for my child \_\_\_\_\_  
Print Parent's name Print Child's name

to take over-the-counter medications only as checked above and to be administered by The Discovery Center's Registered Nurse, medication administration certified staff or a certified school teacher.

# Medication Guidelines

## Guidelines for All Medications

All medications must come in original containers labeled with the student's name and can only be administered as ordered. All medicines will be stored by the staff and made available as necessary. The only exceptions will be in cases where the student's physician determines it absolutely necessary for student to carry inhaler on their person. Epi-Pens will always be carried by the staff member with the student.

Medications must be delivered to the school by a parent or guardian and given to an assigned school staff member (teacher, school nurse or administrator) in a timely manner, at this point it will become the responsibility of said staff member to transport meds to camp along with the student.

**Medications should not be packed within the student's bags. When sending medications to camp, they should NEVER go through the student's hands unless authorized by a doctor.** If your child is authorized by a doctor to carry medications on their person please remind the classroom teacher what medications are under their possession and be sure to provide all the necessary forms required for prescription meds. Medications that your child takes could be harmful to other students.

Please gather all your child's medications (prescription and over-the-counter) and place in a Ziploc bag and label with his/her name. This will help the school nurse as well as ours to keep medications organized. Note that prescription and over-the-counter medications are handled differently, so please read below for more details.

**All medications, including prescription and over-the-counter, will be administered by The Discovery Center's Registered nurse or certified medication administration staff.**

## Guidelines for Prescription Medications

If your child requires prescription medication all medications must be provided by the parents and must come to camp with a written order from a physician. This form is included in this packet. The Discovery Center's Registered Nurse **cannot administer prescription medications without the doctor's authorization.**

As soon as the students arrive at camp The Discovery Center's Registered Nurse will check that all of the students' medications have been collected and have all the required paperwork in place. **If the nurse finds that a child has been sent to camp with a prescription medication and a doctor's order is not provided, a parent will be contacted and required to pick up the student from camp immediately.**

Prescription medications must be in the pharmacy prepared labeled container. The order on the container must match instructions given by the doctor's authorization form. This is a safe way for us to double check that each student is given the correct medication and dosage.

## Guidelines for Over-the-Counter Medications

Sometimes while at camp children may develop a headache, stomach-ache or other minor illness which requires medication. The Discovery Center has standing orders written by local physician Daniel O'Neill, M.D. which authorize us to carry some over-the-counter medications for just such occasions. These medications do not have to be provided by a parent; we have them at our facility and can administer them to students as long as we have parental authorization as required by Connecticut State Law. Even when authorization has been given by the parent, a staff member will always contact a parent to inform you that such medications will be administered. All over-the-counter medications will be administered by The Discovery Center's Registered Nurse, medication administration staff or a certified school teacher.

### AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE

Connecticut State Law and Regulations 10-212(a) requires a written order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the Medication Certified staff, or in absence of such staff, a designated school principal or teacher to administer medication. Medications must be in original properly labeled container and dispensed by a physician/pharmacist.

#### PRESCRIBER'S AUTHORIZATION

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Condition for which drug is being administered: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Relevant side effects: ☐ None expected ☐ Specify: \_\_\_\_\_

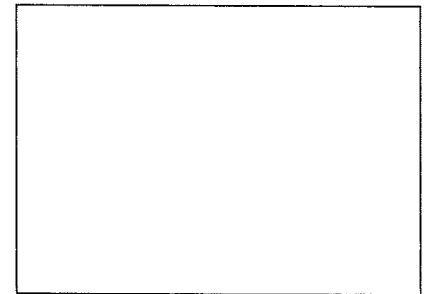
Prescriber's Name/ Title: \_\_\_\_\_

(Type or Print)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Use for Prescriber's Stamp

#### PARENT/ GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by The Discovery Center's Registered Nurse, medication administration certified staff or school personnel. I understand that I must supply camp with the adequate amount of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of camp, whichever comes first.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

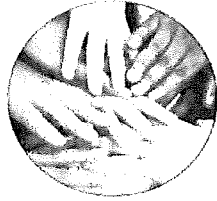
#### SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board Policy.

Prescriber's authorization for self administration: ☐ Yes ☐ No \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self administration: ☐ Yes ☐ No \_\_\_\_\_  
Signature Date

School nurse approval for self administration: ☐ Yes ☐ No \_\_\_\_\_  
Signature Date



THE DISCOVERY CENTER

A classroom without walls for a future without prejudice

## MEDIA RELEASE FORM

Media that features engaged, product live students best defines The Discovery Center. We ask that we may use in publications and on The Discovery Center's website, photographs of your child, or examples of work he or she has done. This permission is exclusive to The Discovery Center, and at no time will your child's photograph or work be given to anyone to use for profit. Also understand that your child's full name will not be used in the publications or on the website.

\_\_\_\_ I grant The Discovery Center permission to use my child's photograph or work in the organization's publications or website.

\_\_\_\_ I Deny The Discovery Center permission to use my child's photograph or work in their publications or website. (Photos taken as groups, as in classrooms and run-throughs for videos, are exempt from refusal)

Student's Name (Printed)

Name of Guardian (Printed)

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



# THE DISCOVERY CENTER

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Parent Information  
KEEP ME

## Contact Information

**In Case of Emergency** If there is a family emergency and you need to contact your child while she/he is attending The Discovery Center, please call:

**860-974-0024**

Please leave a message with your personal information and questions. We must verify your information before we call you back; someone on our staff will shortly return your phone call. Please remember that campers are always our first priority.

**Send a Letter** We encourage you to write a letter to your child so that it arrives while she/he is attending The Discovery Center. *You may need to send it 3-5 days ahead to ensure delivery.* Please write the child's school and the dates she/he is attending camp on the back of the envelope and send them to:

(Child's Name and School)  
c/o The Discovery Center  
YMCA Camp Woodstock  
42 Camp Rd.  
Woodstock Valley, CT 06282

**Camp Open House** We invite you to come join us for our open house at YMCA Camp Woodstock where families can tour our camp grounds and meet our staff. **Open house date:**

Monday, September 7	3:00pm-5:00pm
Sunday, October 4	2:00pm-4:00pm
Sunday, October 18	2:00pm-4:00pm

**Questions?** If you have any questions or concerns, please contact our business office.

The Discovery Center  
790 Farmington Ave – Suite 4A  
Farmington, CT 06032  
Phone: 860-284-9489  
Fax: 860-284-9637  
Email: [elliegoldberg@discoveringdiversity.com](mailto:elliegoldberg@discoveringdiversity.com)

We also encourage you to visit our website  
[www.discoveringdiversity.com](http://www.discoveringdiversity.com)

Turn Over





# THE DISCOVERY CENTER

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Parent Information  
KEEP ME

## Packing List

The following list offers a suggestion of the amount of clothes necessary for your camp experience. You never know what tomorrow's skies may bring, so remember to plan for Connecticut's changing weather.

Please bring **old clothing** that will not be destroyed by sitting or kneeling on the ground. Also, be aware of everything you bring and make sure to pack and return everything back home, **The Discovery Center is not responsible for missing items.** Mark everything clearly with your name as many clothes, sleeping bags and other items look alike.

### WHAT TO BRING:

Backpack  
Refillable Water Bottle  
Shower Shoes/Sandals  
Rain boots and a Raincoat

Pillow and Sleeping bag (or sheets and blanket)  
Toiletries (shampoo, soap, toothbrush, toothpaste, hair brush, chapstick, etc) in a Ziploc bag  
Towel

### WARM WEATHER

4-5 pairs of underwear  
2-3 short sleeve shirts  
2 long sleeve shirts  
2-3 pairs of long pants  
1 pair of shorts or Capri pants  
4-5 pairs of socks  
1 sweater or sweatshirt  
Sleep wear  
2 pairs of shorts

### OPTIONAL

Books  
Cards  
Camera

### COLD WEATHER

4-5 pairs of underwear  
1-2 short sleeve shirts  
3 long sleeve shirts  
3 pairs of long pants  
4-5 pairs of warm socks  
2-3 sweaters or sweatshirts  
Warm Sleepwear  
Warm Jacket  
Warm Hat and Gloves/Mittens

### DO NOT BRING:

Money  
Food, gum, candy  
Spray Deodorants  
Electronics (cell phones, ipads, iphones, kindles, personal gaming devices, etc)  
Pocket Knives or any sharp tools (these items will become camp property)

### MEDICATIONS:

All Medications (including Tylenol, etc) must be given to your child's teacher in a Ziploc bag labeled with your child's name... **not packed!**

Turn Over